

# LMC ViewPoint



*The newsletter of Leeds Local Medical Committee Limited*

*January 2020*

## **Leeds LMC Wellbeing Seminar – Tuesday 31<sup>st</sup> March 2020 – Book your place today!**

Location: The Village North Hotel, Headingley

Time: 12:00 – 5:00pm. Lunch is provided at this event.

In the face of unprecedented pressures, with a growing population in need of more care, the pressure on GPs and their teams is growing. The rise in workload pressures is happening at a time when many are struggling to recruit or retain sufficient people in their practice workforce. As clinicians do their best to care for their patients, this can have also have a personal impact. This was all too evident in a recent BMA study found that 40% of doctors are currently experiencing symptoms of depression, anxiety, burnout, stress, emotional distress or a mental health condition that is impacting on their work.

Leeds LMC is committed to providing its constituents with the support they require and has organised a Wellbeing Seminar on Tuesday 31st March for GPs, Practice Managers and other primary care staff, which the aim to help colleagues to recognise the signs of burnout; understand the importance of their own wellbeing; and provide practical workshops sessions providing support/techniques on how to reduce the risk of burnout and stress in the workplace.

Speakers at the event include Prof Clare Gerada, founder of the Practitioner Health Programme that now supports large numbers of GPs, and former chair of the RCGP, and Dr Rob Hendry, Medical Director at MPS. Please see the attached first draft agenda for more details.

Please book your place by emailing the LMC office [mail@leedslmc.org](mailto:mail@leedslmc.org)

## **RE: LEEDS LMC ELECTIONS 2020 – Locality based seat period 2020-2023**

We would like to draw to your attention the 2020 LMC election timetable set out below.

We wish to encourage GPs to consider representing their colleagues and localities on the committee. If you are interested in the work of the LMC and would like an informal chat, please contact the office for further details: [mail@leedslmc.org](mailto:mail@leedslmc.org) or by telephone: 0113 295 1460.

We wish to thank practice managers for their assistance in forwarding the election material to all the GPs working within their practices.

### 2020 ELECTION TIME-TABLE

Monday, 20 January 2020	Locality elections called
Wednesday, 29 January 2020	Deadline for receipt of locality nominations at the LMC office
Tuesday, 04 February 2020	Locality voting papers issued
Wednesday, 12 February 2020	Deadline for receipt of locality votes at the LMC office
Wednesday, 19 February 2020	Locality results announced and City-wide elections called
Friday, 28 February 2020	Deadline for receipt of City-wide nominations at the LMC office

Tuesday, 03 March 2020  
Wednesday, 11 March 2020

City-wide voting papers issued  
Deadline for receipt of City-wide votes at the LMC office

Friday, 20 March 2020

Full election results circulated to all practices

### **GP contract update**

GPC England met on 16<sup>th</sup> January and voted not to accept the proposed contract agreement with NHS England and NHS Improvement, condemned the draft Primary Care Networks service specifications and called for a Special Conference of English LMCs to allow GP to debate and consider the outcome of contract negotiations once they are concluded. The feedback about the draft specifications issued by NHSEI has been overwhelmingly negative, with practices, PCN clinical directors, LMCs and local and national bodies all raising concerns about levels of workload involved and recruitment of additional staff, and together giving a clear message that these proposals were not achievable.

NHS England has released its response to the feedback from the PCN service specifications engagement exercise, which is published [here](#). The GPC have now returned to negotiations with NHSEI with a clear mandate to secure a deal that truly benefits and safeguards general practice, family doctors and their patients. An additional meeting will be held on 6 February to consider the outcome of these negotiations.

Last week, the GP contract negotiations and the concerns about the draft PCN DES specifications, were discussed in [Parliament's health questions with the Secretary of State for Health and Social Care](#), Matt Hancock MP. He replied to a question from Jonathan Ashworth, shadow health minister, about GPC England's rejection of the contract package, and said "Of course, the negotiations with the BMA over the GP contract are always tough: they have been in every year in which they have taken place. The hon. Gentleman will understand why I want to get the best possible value for the money that the NHS spends, but I also want to see a successful conclusion to this negotiation, and we are working with the BMA to that end". Read the full transcript [here](#). The story was covered by [Pulse](#), [GP Online](#) and [Healthcare Leader](#).

### **NHS pensions records**

The BMA's GPC has written to Sir Simon Stevens, chief executive of NHSE/I, about the need for urgent action to resolve pensions issues impacting GPs. This was illustrated well by a detailed article in The [Times](#) which reported on how three-quarters of GPs haven't been given up-to-date NHS pension statements and could get shock tax bills because they have not been given up-to-date pension statements from the NHS. In response to this, Dr Vautrey, GPC chair said: "It is a disgrace that bureaucratic delays are preventing so many GPs from accessing vital pension statements. Quite simply, the body tasked with issuing these statements, the NHS Business Services Authority, is woefully under-resourced and unable to cope, while the involvement of Capita's Primary Care Services England, which has a history of failure, just makes matters worse."

GPC are also seeking from NHSE/I full details of how GPs can benefit from the [commitment](#) made at the end of last year to cover annual allowance tax charges incurred in this financial year.

### **Coronavirus guidance for primary care**

Public Health England has now published [guidance for primary care](#) to reduce the risk of spread of infection during and following consultation with a suspected case of the Coronavirus (WN-CoV). The main principles are:

- identify potential cases as soon as possible
- prevent potential transmission of infection to other patients and staff
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- isolate the patient, obtain specialist advice and determine if the patient is at risk of WN-CoV infection, and inform the local Health Protection Team (HPT)

All PHE's coronavirus guidance is available [here](#), information for travellers and HCPs on the [NaTHNaC website](#) and information for patients on the [Patient website](#).

### **QOF Personalised Care Adjustments**

Following the concerns raised by practices about the loss of opportunistic prompts following the roll out of the QOF changes in 2019, TPP have confirmed to NHS Digital that they will add a status flag to the patient record which will alert practices to the fact these patients may be missing QOF care as part of their roll out of v44 of the QOF business rules. This will be implemented in the next two weeks.

NHS Digital will explore whether additional functionality can be added to v45 of the QOF business rules to ensure that the two invitation PCA will only come into force at the end of the reporting period i.e. 31st March.

### **New FP10 and prescriber endorsement**

A new FP10 NHS prescription form with the new prescriber endorsement 'FS' for free supply of sexual health treatment has been published – please see attached the guidance and toolkit. The new FP10 form is being rolled out at the end of January. Existing stocks of the old form already in the system, such as in GP practices and pharmacies, should be used up prior to use of the new form. Both forms will be accepted for processing during the transition to the new form.

The new prescriber endorsement will become live from 1 February 2020. Until the necessary changes have been made to prescribing systems, prescribers should revert to issuing paper prescriptions with 'FS' manually endorsed next to each item intended for the treatment of an STI. Where 'FS' has been added as a handwritten endorsement, for example, on a computer-generated form, this should be counter-signed in the usual way. Dispensing doctors will continue to use paper prescriptions with a handwritten endorsement. More information is available [here](#)

### **DWP end of life survey (UK)**

The Department of Work and Pension is undertaking an evaluation looking at how the benefits system supports those nearing the end of their lives, as part of this they have published a survey to collect information from clinicians on this issue. A similar change has already occurred in Scotland – this impacts on GPs and any hospital doctors involved in terminally ill patients.

The results from this survey will help support DWP in making decisions around how best to support claimants nearing the end of their life and provide valuable insight into how clinicians across the UK feel about the current system and where they think it can be improved. Take the survey [here](#)

### **PCN surveys**

The BMA has published a [survey on Primary Care Networks](#) which was completed last year and before the draft PCN service specifications were published. Whilst at the time

Clinical Directors believed they could make progress given the necessary resources, time and practical support the survey also found that workload has proven unmanageable for a significant proportion of those responding. GPs wanted more support to help manage this workload and make PCNs work for general practice. The results came on the same day that the deadline for [feedback](#) on the draft service specifications ended. The survey findings echo much of the same serious concerns raised by the profession in recent weeks.

### **PCN conference 2020**

Following the events of recent weeks the PCN Conference on Saturday 8 February, at the ICC Birmingham, has become an even more important event. It will provide clinical directors and LMC colleagues with an opportunity to make your views heard about the challenges you are facing. Whether it is the difficulty in recruitment, workload challenges, or the draft specifications released by NHSEI, this will be an opportunity to speak to national bodies and shape the direction of travel. At this crucial time for the future of PCNs and following the concerns many have about the draft DES specifications, this is an opportunity to discuss ways forward. You can read more [here](#)

### **BMA secures significant High Court victory over unlawful pensions changes**

On the 17th January the BMA secured victory in the High Court over controversial changes made by the Secretary of State for Health and Social Care to the NHS Pensions scheme in England and Wales.

In April 2019, the Government amended the NHS pension rules in order to grant the Secretary of State the power to suspend payment of pensions benefits to any doctor or NHS professional who had been charged with certain criminal offences but not yet convicted. These changes, which also did not include a right to appeal or a provision for the suspension of payments to be lifted automatically upon acquittal, were a total disregard of the principle that a person charged with a crime is presumed innocent until proven guilty.

Despite concerns raised by the BMA before their implementation, the Government proceeded with their reforms leaving with the BMA with little choice but to take legal action to seek to force their reversal through a judicial review.

Most, if not all, public sector pension schemes contain provisions for the suspension of a person's benefits but only after the point of conviction. Yet, if the changes were to be allowed to subsist, NHS professionals would be the only public sector workers to have the threat of forfeiture of their pension hanging over them at any time from charge.

However, in a judgment handed down on the 17<sup>th</sup> January, the High Court agreed with the GPC's argument that the new regulations breached Article 6 (right to a fair trial), Article 14 (protection from discrimination) and Article 1, Protocol 1 (right to peaceful enjoyment of property) of the European Convention on Human Rights (ECHR) and also breached the Public Sector Equality Duty (PSED) under the Equality Act (in failing to have regard to the equality implications of the changes).

This is a significant BMA victory not only for members but for all doctors and their dependants and other NHS professionals in the NHS Pension Scheme in England and Wales.

In the judgment handed down the Hon. Mrs Justice Andrews described how the Government had drawn no distinction between someone charged with a crime and someone convicted of a crime despite the fundamental principle in law being that “every defendant to a criminal charge, however serious, and however compelling the evidence against him may appear, is presumed innocent until proved guilty to the criminal standard.”

This is of course not the only pensions related work the BMA is undertaking. The campaign continues to convince the Government that removing the annual allowance, including the taper in defined benefit pensions schemes, is the only long-term solution to crisis caused by punitive pension taxation charges.

Earlier in January the GPC were clear that the latest proposal to raise the annual allowance threshold income to £150,000 would not “fix the fundamental problem of doctors being forced to limit the work they do to prevent being hit with significant charges on their pensions and many will still in effect be paying to go to work.” Read more about this issue and our response to The Times article [here](#).

### **Flu TIA coding error**

NHS Digital has emailed practices about an error with the Seasonal Flu 2019/20 extraction where the codes for patients in under 65 at-risk groups with TIA were inadvertently removed from the business rules. This means that these patients are not being included in the payment extraction despite vaccines having been given and coded appropriately. It is anticipated that the number of missed payments will be low, as it is likely that most people will have other risk factors that are captured by the current business rules. There will be a single collection in April 2020 for payment in 2020/21.

Practices will need to accept the service offer (as for any other service), when it is made available on CQRS. Practices are also encouraged to double check that all patients under 65 with TIA have been offered the flu vaccine this season. Read more in the attached document.

### **Premises claims against NHSPS**

The BMA has proceeded to lodge claims with the High Court on behalf of five test claimant practices that are challenging the basis of their inflated service and facilities management charge demands from NHS Property Services. The action seeks to obtain a declaration that NHSPS’s ‘Consolidated Charging Policy’, which it has relied upon as the basis for its demands, does not form part of the tenancy agreements between the claimant practices and NHSPS, and as a result cannot be relied upon as a lawful basis for the inflated charges being demanded.

LMCs and practices are advised to continue to refer to the guidance issued by GPC in December 2019 regarding the action and advice relating to pressure to sign new lease agreements or other forms of agreement such as ‘rental agreement letters’.

### **NHS England campaign materials**

Practices in England should now have received the materials to support the NHS ‘Measles, Mumps and Rubella (MMR) – Help Us Help You, Get Protected’ campaign (also available on the PHE [Campaign Resource Centre](#)). This is final one of the six campaigns that practices are required to take part in as agreed in contract negotiations last year.

The other campaigns, materials for which practices have also been sent already, are:

- NHS 111 (Help Us Help You - Know what to do)



- Keep Antibiotics Working
- GP Access (Help Us Help You – When you need it)
- Pharmacy Advice (Help Us Help You – Before it gets worse)
- NHS App

### **Health and Social Care Network (HSCN) – Your future GP connectivity**

NHS Digital has drafted the attached briefing about the Health and Social Care Network (HSCN), which is the replacement connectivity solution for healthcare to deliver modern digital care services. This will replace the old N3 network - also called the transition Network (TN). HSCN will provide several advantages to practices, such as faster connectivity at reduced prices, supporting initiatives such as Digital First; improved performance for primary care systems, including e-prescribing and simplified connectivity with third sector providers, for referrals and discharge notifications.

### **Medicine Shortages - update**

Following the Local Representatives Committee meeting in December please see key points and some key resources about medicines shortages.

Medicines shortages remain an issue which has impacts on patients, pharmacies and GP practices and we need to understand that this is creating pressures for us all

- Patients may have a delay in getting their medicines, may have to use a different pharmacy or even take a different medication
- Pharmacy teams are having to spend a lot of time sourcing medicines, sometimes having to contact up to seven or eight wholesalers to find a medicine. This can lead to delays for patients needing the affected medicines.
- GPs may increasingly be contacted by pharmacies and asked to consider alternatives if stock is unobtainable.

We all need to be flexible when in order to manage medicines shortages which may include;

- “Staged” dispensing – this is where pharmacies only give patients some of their medicines and ask them to come back to collect the rest of the prescription later.
- GPs being asked to find alternative medicines that may be suitable for patients.
- Requesting prescription items earlier than usual to allow time to source stock.
- Use of Serious Shortage Protocols (SSPs) where these are in place.

Communication is key

- A briefing for prescribers / CCGs (produced in Feb 2019) is available [Medicines Shortages Briefing for Prescribers](#)
- A guide to assist with successful communication can be found here: [Stock Shortages: SBAR Guide - July 2019](#)

### **GP appointments wait**

The [Sunday Times](#) (login required) reported that around 11 million patients waited more than three weeks for a GP appointment in England in the most recent four months for which statistics are available. The article referenced Boris Johnson's pledge, soon after becoming Prime Minister, in which he said that his "job is to make sure you don't have to wait three weeks to see your GP". In response to this Richard Vautrey, GPC chair, said that these figures “come amid a backdrop of falling GP numbers because, despite their

best efforts, many practices simply do not have the capacity to meet the ever-increasing demand” and that Boris Johnson’s promise to increase appointment numbers by recruiting more GPs “will require sustained investment and ensuring that it is easy to recruit overseas doctors”. The story was also reported by [i News](#), [MailOnline](#) and [Pulse](#) (log-in required).

### **RCGP (Royal College of GPs) Workforce Roadmap**

The RCGP has launched a [workforce roadmap](#), calling on the Government to take urgent action on the GP workforce with clear targets for expanding the entire general practice workforce, a commitment to increase GP training places to 4,000 in 2020/21 and to 5,000 soon after, and significant investment into initiatives to improve GP workload and retain existing GPs in the profession. This was reported by the [BBC](#)

### **Tier 2 Visa - January 2020 update**

Please see attached the latest guidance regarding tier 2 visa applications from December 2019. The updated information is highlighting that GPs are now on the shortage occupation list and the resident labour market test (RLMT) is no longer required. Although this was previously covered by the national GP recruitment programme so the practices didn’t actually have to undertake the requirements of the test, the form now has to be completed differently. The exception is if the doctor is going to be working less than 30 hours in which case the RLMT is required in which case there is a statement explaining that it has been covered by the international GP recruitment team as previously.

### **BECOMING A TIER 2 VISA SPONSOR**

Slide 7

We suggest using the following text when explaining why you need CoS:

The UK has a national shortage of qualified General Practitioners to meet the growing demands of the population. Typical recruitment efforts have not provided us with the suitable candidates required to fulfil General Practitioner roles within our practice. The impact of this is extended waiting times for patients and greater pressure on our current workforce to meet the needs of our patients.

The role of a General Practitioner is one that requires many years of specialist training including: a full medical degree, two years of foundation medical training and at least three years of specialist GP training. While there are concerted national efforts to increase the numbers of available GPs in the UK, this does not address the immediate pressure in our service and, for this reason, we anticipate needing to recruit from overseas.

The role of a General Practitioner has been included on the UK Shortage Occupation list as of 6 October 2019.

### **CREATING AND ASSIGNING CERTIFICATES OF SPONSORSHIP**

Slide 5

Tick the box confirming the job is on the Shortage Occupation List\*

**DO NOT** tick the box confirming that you have met the Resident Labour Market Test\*

\*As all jobs in the medical practitioner occupation code have been added to the Shortage Occupation List (from 6 October 2019) the Resident Labour Market Test no longer needs to be conducted for GPs. However, if a GP wishes to work under 30 hours the RLMT will need to be conducted. In this case **DO** tick the box to confirm the RLMT has been met and enter the details on slide 8.

The information is stored at the following site if you have access

<https://future.nhs.uk/primarycareworkforce/view?objectId=14589904>

### Clinical supervisor training for CPPE national pathways

Please see the attached workshop information sheet from NHS Health Education England re Clinical supervisor training for CPPE national pathways half day workshops

Please also see attached Primary Care Pharmacy – Education Pathway Newsletter, January 2020.

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## **GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH**

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- Coronavirus guidance for primary care
- Leeds LMC elections 2020
- Interoperability and Infrastructure for primary care networks event on 28 January
- Routine Immunisation Target Payments
- PCN Service Specifications survey

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## **COMINGS AND GOINGS**

Farewell to Bernie Highfield Practice Manager from Leeds City Medical Practice and welcome Beverley McLean who replaces this post on 3rd February 2020.

Welcome back from maternity leave Dr Eleanor Barrett at Colton Mill Medical Centre

Salaried GP Dr William Evans will be leaving Oakwood Surgery at the end of March to take up a genetic research post. We all wish him well.

Moorfield House & New Cross Surgery would like to welcome the following new members of staff to the team

Dr Jane Owens – Salaried GP  
Dr Olu Agboola – Salaried GP  
Dr Foluke Ibrahim – Salaried GP  
Mr Tiklesh Raman – Clinical Pharmacist

## ***PRACTICE VACANCIES AT.....***

### **Oakwood Surgery LS8 4AA**

Salaried GP – with a view to Partnership

Due to our expanding list size we are looking for an enthusiastic and highly motivated GP to join our well established, friendly Practice in the suburbs of Leeds next to Roundhay Park. Recently nominated as people's choice surgery of the year.

We hope to recruit a GP who will positively contribute to our provision of high quality, patient-centred care and we are looking 4- 6 sessions which are entirely flexible.

As a well-structured, forward thinking practice, enthusiastically engaging in innovation, we have an experienced nursing team, to deliver our long term condition management and care home services

Robust links with the community and allied service providers



Attached services; midwife, practice pharmacist, social prescriber, Palliative Care meetings.

Comprehensive range of enhanced services including extended hours, Minor Surgery and Vasectomy AQP contracts (candidates with skills in this area particularly welcome).

If you are a team player, enjoy both clinical and business planning aspects of general practice, and want a better work life balance, then please contact the Managing Partner Donna Marks for an informal chat.

7 weeks annual leave prorata including 1 week study leave.

Enquires and informal visits welcome, please contact Donna Marks on 0113 295 1515 (between 8am and 3pm daily) or at [donna.marks@nhs.net](mailto:donna.marks@nhs.net)  
For further information please visit our website [www.oakwoodsurgeryleeds.nhs.uk](http://www.oakwoodsurgeryleeds.nhs.uk)

**Thornton Medical Centre, Leeds LS12 1JE - 2 positions available**

**Salaried GP (4-8 sessions negotiable)** to commence any time from April 2020 onwards  
**and**  
**Maternity cover (4-8 sessions negotiable)** to start May 2020

- Busy GMS practice with a list size of around 9500
- Modern and fully equipped health centre using System One
- Training practice (GP Registrar, 5<sup>th</sup> year medical student, student nurse)
- Clinical staff includes 3 GP Partners, 2 Salaried GPs, 1 Advanced Clinical Practitioner, 3 Practices Nurses, 1 Healthcare Assistant and 2 Phlebotomists who are well supported by a friendly and experienced administrative team.
- Core hours 8am – 6pm, no weekend working
- Competitive salary, MDU paid, 6 weeks' holiday pro rata and 1 week study leave pro rata.

Informal enquiries and visits are very welcome. Apply with a CV and covering letter to our Clinical Services Manager [escott@nhs.net](mailto:escott@nhs.net)  
[www.thorntonmedicalcentre.nhs.uk](http://www.thorntonmedicalcentre.nhs.uk)

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LMC ViewPoint is published by Leeds Local Medical Committee Limited  
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